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ABSTRACT

Attention Deficit/Hyperactivity Disorder (ADHD) is a perplexing disorder that is both over- and under-diagnosed. A newly published instrument designed to identify ADHD children through a comprehensive diagnostic procedure is described here. The paper opens with discussions of ADHD and medication; related consequences of ADHD, such as social skills, academics, noncompliance, and self-concept; and an overview of problems surrounding the way ADHD is currently assessed. Some suggested steps for conducting an ADHD assessment are described, including classroom observations and academic and/or social development. The new rating scale is then presented. The Spadafore-Attention Deficit Hyperactivity Disorder Rating Scale views ADHD as a broad childhood disorder which includes a wide range of manifested symptoms that have the potential to negatively impact a child's academic and social environment. This scale was normed on 760 students from 16 states and 37 school districts; three factors emerged and were subsequently labeled Hyperactivity/Impulsivity; Attention; and Socially Maladjusted. The Spadafore scale provides school psychologists with a reliable instrument when diagnosing children for ADHD. Attached are the Spadafore-Attention Deficit Hyperactivity Disorder Rating Scale; ADHD Index; ADHD Diagnosis; and ADHD Treatment. (RJM)

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# Spadafore-Attention Deficit Hyperactivity Disorder Rating Scale: A New Instrument

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**SPADAFORE ATTENTION DEFICIT HYPERACTIVITY DISORDER RATING SCALE**
**A NEW INSTRUMENT**

ATTENTION DEFICIT HYPERACTIVE DISORDER DOES IT EXIST?

TEACHER'S DILEMMA

"He daydreams, he never knows where his assignment is, he is not motivated, he is always in trouble, he talks out, he hits, he never sits still, he is disorganized, he is driving me crazy. I am told by the school psychologist that he has a high IQ, so why won't he do his school work? Why can't he be like other kids. What am I suppose to do? What do you expect of me?"

WELCOME TO ADHD---THE SILENT KILLER OF SCHOOL SUCCESS

For many years students with ADHD were exposed to a variety of harsh punishers in hopes of moderating their undesirable behavior. Treatment has not always been an option, at least, not until "laws were passed". It became apparent that American public schools were not adequately serving students with disabilities. Therefore, laws were created to guarantee a minimal level of care.

Two separate laws acknowledge the special needs of ADHD children: IDEA and Section 504 of the Rehabilitation Act. Because of these laws, public schools must now provide some type of assessment for all ADHD referrals

ADHD is a perplexing disorder, it is both over and under diagnosed. ADHD is over diagnosed by exuberant ADHD devotees who are fanatics and under diagnosed by those who are convinced that ADHD is a totally fraudulent disorder that is being misused.

Both positions are problematic. We do not have a reliable laboratory test that can accurately diagnose ADHD. There is no blood test for ADHD.

Symptom grouping seems to be the only workable solution for determining which children should be labeled ADHD and which ones should not.

While there is minimal agreement on just what is ADHD, we are diagnosing and labeling students ADHD at an alarming rate.
The goal should be not to just treat or tolerate ADHD, we should strive to understand and accept ADHD as part of the human experience.

ADHD AND MEDICATION

Public schools are now being asked to administer a wide range of medications to

students at school. School officials are concerned because of potential legal liabilities.

Both Individuals with Disabilities Education Act (IDEA) and 504 of the Rehabilitation Act obligates schools to dispense medication at school.

Both Acts require that school districts provide reasonable-accommodations for students with disabilities, this is includes dispensing medication to student who have been labeled ADHD.
Some states provide a degree of protection for teachers, para-professionals, and others who may be required to administer medication to children.

For example, Georgia law affords a great deal of protection for teachers or school administrators who in their official capacity provided services such as dispensing medicine to students at school. This protection is known as "sovereign immunity". In 1990 the voters in Georgia ratified an amendment to the Constitution of Georgia. Sovereign immunity prohibits recovery against local school systems and their employees in litigation by parents alleging that administrators and teachers were negligent in the performance of their official duties and responsibilities.

However, school districts and their employees may be liable for injuries and damages to students if they act with actual malice or with actual intent to cause injury in the performance of their official responsibilities.

## RELATED CONSEQUENCES OF ADHD

### SOCIAL SKILLS

ADHD children are more inclined to experience sadness, loneliness, and appear to have fewer friends, even after their overt symptoms are lessened (Weiss & Heckman, 1986).

75% of ADHD students show depression into adulthood, another 23% to 45% show juvenile convictions, and 27% may be alcoholic (Barkley, 1989).

Disturbed peer interaction is a valid predictor for a wide range of social problems such as job termination, police contacts, and psychiatric hospitalization (Parker & Asher, 1987).

### ACADEMICS

Poor academics performance is a frequent consequences of ADHD (Barkley, 1990).

### NONCOMPLIANCE

Students who disregard rules may become disruptive and hard to manage.

## SELF-CONCEPT

Self-esteem negatively influences educational performance and social interaction activities, and even affects participation in athletics. ADHD students endure plenty of negative feedback and are less likely to be accepted by peers, teachers, and parents. (Barkley, 1990).

## OBSERVATIONS

Classroom observations are regarded as an essential part of an ADHD evaluation because it provides information about a student's performance in the classroom.

The classroom environment is the key setting to evaluate ADHD symptoms.

Classroom Environment

•Rule driven

•Work production is measured

•A reasonable work effort is needed to success.

•Academics are taught in a routine manner, may become boring.

•Social interaction requires adjustment to a diverse population.

## WHAT ARE SOME OF THE CURRENT PROBLEMS WITH THE WAY WE ASSESS ADHD

Limitations Of Using The DSM-IV To Diagnose ADHD

1. DSM-IV does not differentiate among different age groups. The cut-off scores should be more stringent with younger children and less stringent with older individuals.

2. DSM-IV does not differentiate between genders. Cut-off scores for girls should be less stringent than for boys.

3. DSM-IV does not permit a response to be scored on a scale, but rather uses an either all or none rating with the key word being "often". Exp., "Often forgetful in daily activities".

However, I do agree with the two categories:

Attention

Hyperactivity/Impulsivity.

Perhaps ADHD is best described as a condition of Hyperactivity and Impulsivity, because they reflect problems with inhibition. These symptoms are more likely to be expressed in motor responses. Individuals with ADHD lack inhibition.

Attention is a problem of filtering and managing sensory input and may be a separate disorder apart from ADHD

ADHD perhaps should not be viewed as a separate category but rather it is a spectrum. ADHD type symptoms also exist in the Non-ADHD population. Deciding what the threshold should be for ADHD, is the real challenge.

## SUGGESTED STEPS FOR CONDUCTING AN ADHD ASSESSMENT

1. Once you receive an ADHD referral you should interview the individual who made the referral and determine which ADHD symptoms are of critical concern. Be sure to collect information not only on ADHD symptoms but also on other symptoms that are related to ADHD. For example, completing school assignments, earning passing grades, social problems, or other symptoms that are potential consequences of ADHD behavior.

2. Ask the referring individual to rate the student on the DSM-IV ADHD inventory. If the score is close to meeting the ADHD criteria then you should continue the assessment. However, if the score on the DSM-IV does not suggest ADHD, you have to make a decision. If, in your judgment, you feel that the child is not ADHD you may discontinue the assessment. It is strongly recommended that you seek other intervention strategies to deal with the symptoms of the referred child. Keep in mind, that you may have to revisit this referral at a later date.

3. If the score on the DSM-IV is consistent with the ADHD criteria, you should request that the referring individual to complete an ADHD rating scale.

4. You should also make a classroom observation of the referred student to determine the intensity of the symptoms. Also, select a comparison student and obtain quantified data on both "on and off task" behavior for each student. Interview both the student and teacher and make a judgment as to the severity of the problem.

5. Examine other important concerns such as academic and/or social development. Determine if the student is capable of succeeding academically in school under the existing conditions. Perhaps special education is needed or the assignments in the classroom should be modified. If you feel it is necessary to rule out LD, then you will

have to administer all the appropriate assessments to achieve this goal. It is not recommended that all ADHD referrals be automatically evaluated for LD.

6. After all the data are collected, you should generate a report with recommendations. First, you must determine if the ADHD criteria is met, then you must also determine what are the negative consequences of the ADHD symptoms. Next, you should collaboratively developed an intervention plan to directly deal with the immediate needs of the referred student. Implement the plan and make all necessary adjustments as they are needed.

7. Sometimes children who are identified as ADHD are extremely difficult to manage. You may eventually discover that the student's behavior cannot be adequately managed by intervention strategies alone. When this happens, you may want to provide the parents with a copy of your report and have then explore the possibility of medication therapy.

## SPADAFORE ATTENTION DEFICIT HYPERACTIVITY DISORDER RATING SCALE

A significant number of children who exhibit attentional, impulsivity, or hyperactivity type symptoms are referred to school psychologists for assessment. ADHD assessment referrals also account for a significant a number of all child referrals to outpatient mental health clinics. It has been estimated that more than one third of school age children have been reported as manifesting some level of ADHD. Further, Section 504 of the Rehabilitation Act now mandates that public schools must provide both assessment and treatment for ADHD students. The recognition of ADHD as a legitimate childhood disorder by Section 504 has forced public schools to assume an active role in the identification and treatment of ADHD children.

The S-ADHDRS is a newly published instrument designed to identify ADHD children by conducting a comprehensive diagnostic procedure which incorporates a wide range of assessment variables. Although the S-ADHDRS measures typical ADHD symptoms by relying on the traditional rating scale approach, it also includes the completion of an Eligibility Scale which culminates into the ADHD Index. A total of nine categories are evaluated to obtain the ADHD Index. The nine categories are: Attention, Hyperactivity, Impulsivity, Social Skills, Academics, Noncompliance, Self-Concept, Classroom Observation, and a Rating Scale.

The S-ADHDRS was normed on 760 students from 16 states and 37 school districts. The demographic data indicates that the standardization sample is representative of the general population. Tables convert raw scores into percentile ranks to facilitate interpretation. Different tables are provided for gender and four age groups. The assessment activities consist of a 50-question Rating Scale and a nine-question Eligibility Scale. A factor analytic study was conducted to establish groupings of specific ADHD factors. Three factors emerged and were subsequently labeled: Hyperactivity/Impulsivity, Attention, and Socially Maladjusted. The first two factors concur with the DSM-IV criteria and are part of the S-ADHDRS ADHD assessment criteria. The third factor, Socially Maladjusted, is not computed into the scoring process when determining the ADHD Index, but it may be referenced when an intervention

program is being formulated.

The S-ADHDRS will provide school psychologists with a reliable instrument when diagnosing children for ADHD. The S-ADHDRS views ADHD as a broad childhood disorder which includes a wide range of manifested symptoms that have the potential to negatively impact on a child's academic and social development. Students identified as ADHD seldom spontaneously mature out of their ADHD symptoms, they require some kind of treatment activity. School psychologists who administer the S-ADHDRS will gain valuable information which will result in making meaningful diagnoses and setting up relevant intervention programs.

The S-ADHDRS also reports ADHD in terms of severity, typically an ADHD diagnoses is viewed an all or none diagnosis, you either are ADHD or you are not ADHD. The S-ADHDRS, however, provides a chart which describes the expected behavior patterns of students who are exhibiting different intensity levels of ADHD symptoms. Often, when school psychologists report the results of their assessment they suggest that a child either met or failed to meet the entrance criteria for ADHD. The latter would require regular classroom teachers to independently devise treatment strategies so they can provide an effective program for at-risk students. The S-ADHDRS will assist school psychologists in designing a wide range of treatment recommendations.

The outcome of this presentation is to introduce school psychologists to a new ADHD assessment tool and to assist them in diagnosing children who have been referred for ADHD assessment. This new tool will enable school psychologists to conduct a comprehensive assessment of an ADHD referral in an economic fashion. The results from the S-ADHDRS are clearly profiled so a school psychologist can easily explain both to parents and teachers the results of the assessment. Since communication is a critical factor in describing any childhood disorder, the S-ADHDRS has been designed to facilitate this process. Participants will receive a copy of the front page of the protocol so they can get a sense of how the findings of the S-ADHDRS are summarized. Also, the handout will include the rationale for the S-ADHDRS and a summary of the statistical development.

Assessment represents the largest single time commitment for school psychologists and ADHD assessment represents a significant portion of all referrals. Therefore, it behooves school psychologists to acquire as much knowledge as possible regarding the assessment of ADHD children.

AN OVERVIEW OF THE SPADAFORE-ATTENTION DEFICIT HYPERACTIVITY DISORDER- RATING SCALE (S-ADHD-RS) PUBLISHED BY ACADEMIC THERAPY

School Version Only

Ages 5 to 19 norms for both boys and girls

Reliability .88-.90

The results of the S-ADHD-RS are reported in 4 different age groups, as well as gender.

Ages
5-7
8-10
11-14
15-19

S-ADHD-RS can be used either as a screener or a diagnostic assessment.

Screener

The screener requires the rater to complete a 50 items Behavior Rating Scale. When a student earns a score on either Factor I (Impulsivity/Hyperactivity) or Factor II (Attention) at the Severe or Moderate level, the ADHD Index should be administered.

Diagnostic Assessment

Administer the ADHD Index, students who earn scores at the Severe or Moderate level should be considered for ADHD

Scores are interpreted with reference to Severity Levels.

Severe 98-99%
Moderate 90-97
Mild 50-89%
Not Significant Below 50%

FACTORS
Factor I Impulsivity/Hyperactivity 20 statements

Factor II Attention 22 statements

Factor III Social Adjustment 8 statements

ADHD INDEX

The ADHD Index permits the assessment of both clinical symptoms,

Impulsivity/Hyperactivity, and Attention and also the assessment of consequences that may be the direct results of clinical symptoms.

CLINICAL SYMPTOMS

Attention
Hyperactivity
Impulsivity

CLINICAL CONSEQUENCES

Social Skills
Academics
Noncompliance
Self-Concept
Classroom Behavior (Observation)

The S-ADHD-RS summary sheet is provided along with the rating scale to determine the ADHD Index. In addition, charts are provided which illustrate the suggested manner for diagnosing and treating students who has been identified as ADHD.

REFERENCES

Barkley, R. A. (1990) . *Attention deficit-hyperactivity disorder: a handbook for diagnosing and treatment of* . New York: Guilford.

Parker, J.G.,& Asher, S.R. (1987). Peer relations and later personal adjustment: Are low accepted children"at-risk". *Psychological Bulletin*, 102.357-389.

Weiss, G., & Hechtman, L. (1986). *Hyperactive children grown.* New York: Guilford Press.

# S-ADHD-RS

## SPADAFORE ATTENTION DEFICIT HYPERACTIVITY DISORDER RATING SCALE

Name_____ Grade_____ Date_____

Date of Birth _____ Age_____Male_____ Female _____

Level of Academic Performance: High_____ Average _____ Low_____

Reason for Referral _____

_____

_____

_____

_____

Rated By _____Position_____

The rating should be completed by someone who is familiar with the student's behavior. Generally the classroom teacher is the best person to conduct the rating. The rating should reflect the student's typical classroom behavior.

Read the manual prior to rating the student.

| PROFILE | | | | | |
|---|---|---|---|---|---|
| | | SUBSCALES | | | |
| Severity Level | Percentile | ADHD Index | Factor I Impulsivity Hyperactivity | Factor II Attention | Factor III Social Adjustment |
| Severe | 99<br>98 | .<br>. | .<br>. | .<br>. | .<br>. |
| Moderate | 97<br>95<br>93<br>90 | .<br>.<br>.<br>. | .<br>.<br>.<br>. | .<br>.<br>.<br>. | .<br>.<br>.<br>. |
| Mild | 85<br>70<br>60<br>50 | .<br>.<br>.<br>. | .<br>.<br>.<br>. | .<br>.<br>.<br>. | .<br>.<br>.<br>. |
| Not Significant | < 50 | . | . | . | . |



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# ADHD Index

Before answering the questions on the ADHD Index, complete the Behavior Rating Scale and use those results to answer question 9. You are free to select a different rating scale providing it yields a percentage score. When answering question 9 using the highest score obtained on either Impulsivity/Hyperactivity or Attention. Socially maladjusted is useful in the final interpretation but it should not be one used to determine eligibility.

1. **ATTENTION:** A state of attending/readiness for learning – ability to retain focused on a specific task for an extended period of time.

| | | |
|---|---|---|
| Pays attention in class | Pays attention in class most of the time | Frequently does not pay attention in class |
| (1) _____ | (2) _____ | (3) _____ |

2. **HYPERACTIVITY:** Unnecessary physical motion which is not appropriate for the situation – student appears internally driven.

| | | |
|---|---|---|
| Rate of physical behavior is appropriate | Some signs of hyperactivity | Excessively hyperactive |
| (1) _____ | (2) _____ | (3) _____ |

3. **IMPULSIVITY:** Acts without thinking – shifts from one activity to another without completing the first activity – not regulated by consequences.

| | | |
|---|---|---|
| Actions reflect prior thought | Sometimes acts without thinking | Seldom thinks before behavior/acting |
| (1) _____ | (2) _____ | (3) _____ |

4. **SOCIAL SKILLS:** Ability to interact appropriately with peers and teachers – able to establish and maintain a mutually acceptable social relationship.

| | | |
|---|---|---|
| Has many friends and is popular | Has a selected number of friends | Has few friends |
| (1) _____ | (2) _____ | (3) _____ |

5. **ACADEMICS:** Acquiring grade level academic skills in reading, math, and writing – also earns passing grades in school (overall performance)

| | | |
|---|---|---|
| Is in the upper half of the class | Ranks somewhere between 10th up to 50th percentile of the class | Is in lower 10th percentile of the class |
| (1) _____ | (2) _____ | (3) _____ |

6. **NONCOMPLIANT:** Disregard for rules – defiant with peers and teachers – disruptive and hard to manage.

| Easy to manage and follows class rules | At times shows signs of misbehaving in class | Ignores rules and is difficult to control in class |
|---|---|---|
| (1) _____ | (2) _____ | (3) _____ |

7. **SELF-CONCEPT:** Student has a low regard for him/herself – lacks self-confidence – appears inhibited in social situations.

| Appears self-confident | Exhibits insecure behaviors in certain situations | Views self in a negative manner |
|---|---|---|
| (1) _____ | (2) _____ | (3) _____ |

8. **OBSERVATION:** Rate the student as he would typically behave when completing an academic assignment during a ten minute time span. (You may either conduct a direct ten minute observation or make a professional judgment.)

| On task for 80% of the time or better | On task for less than 80% but more than 60% of time | On task for less than 60% of time |
|---|---|---|
| (1) _____ | (2) _____ | (3) _____ |

9. **RATING SCALE:** A quantified evaluation of ADHD symptoms as measured by a standardized rating scale.

| A percentile rank of less than 50% | A percentile rank between 55% and 70% | A percentile rank between 70% and 85% | A percentile rank between 85% and 90% | A percentile rank of more than 90% |
|---|---|---|---|---|
| (1) _____ | (3) _____ | (5) _____ | (7) _____ | (9) _____ |

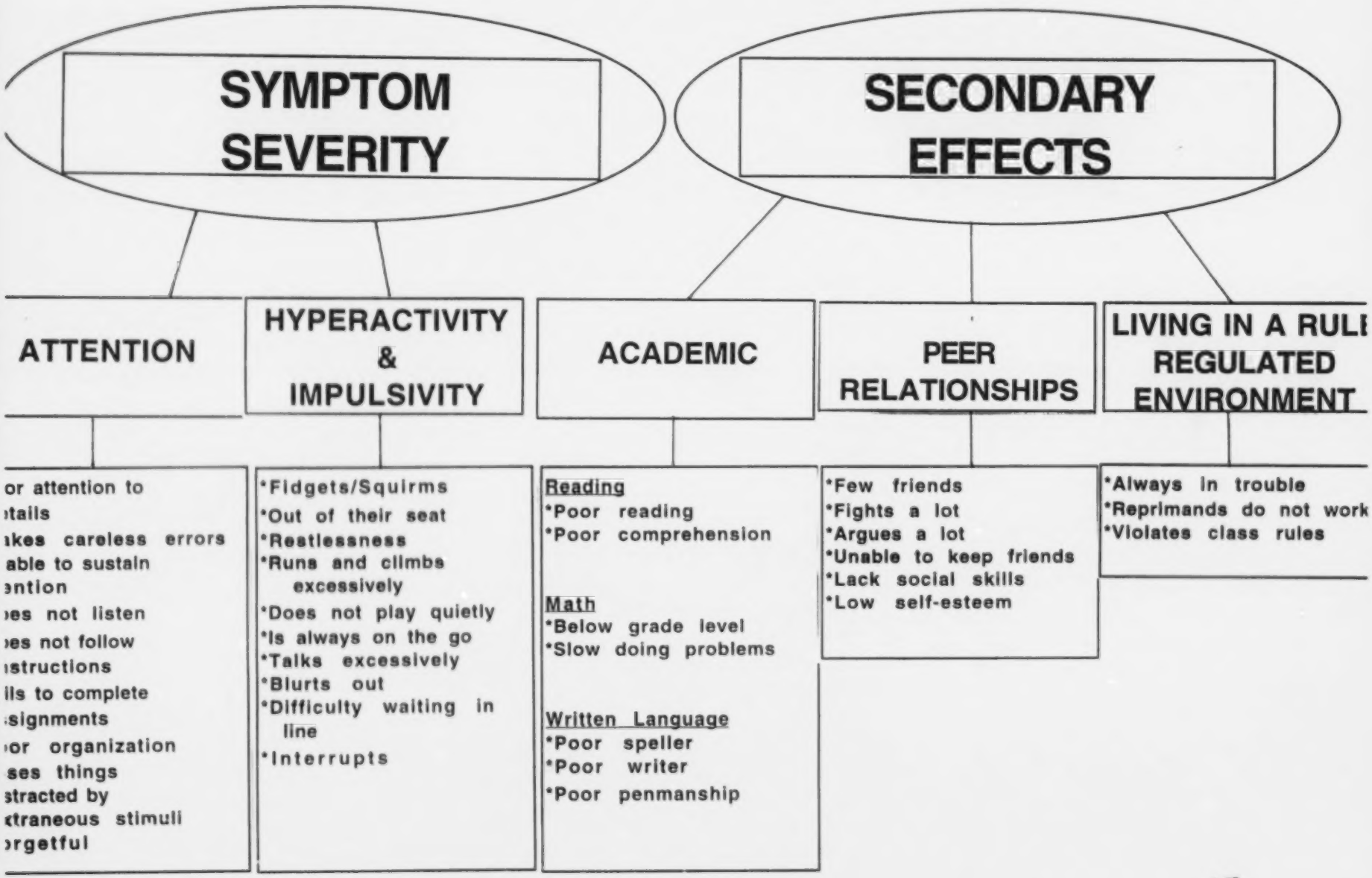
**TOTAL RAW SCORE FOR ADHD INDEX** _____

**PERCENTILE SCORE** _____

See Appendix A in the S-ADHD-RS Manual for converting raw scores to percentile scores.

All items must be scored.

# A.D.H.D. DIAGNOSIS



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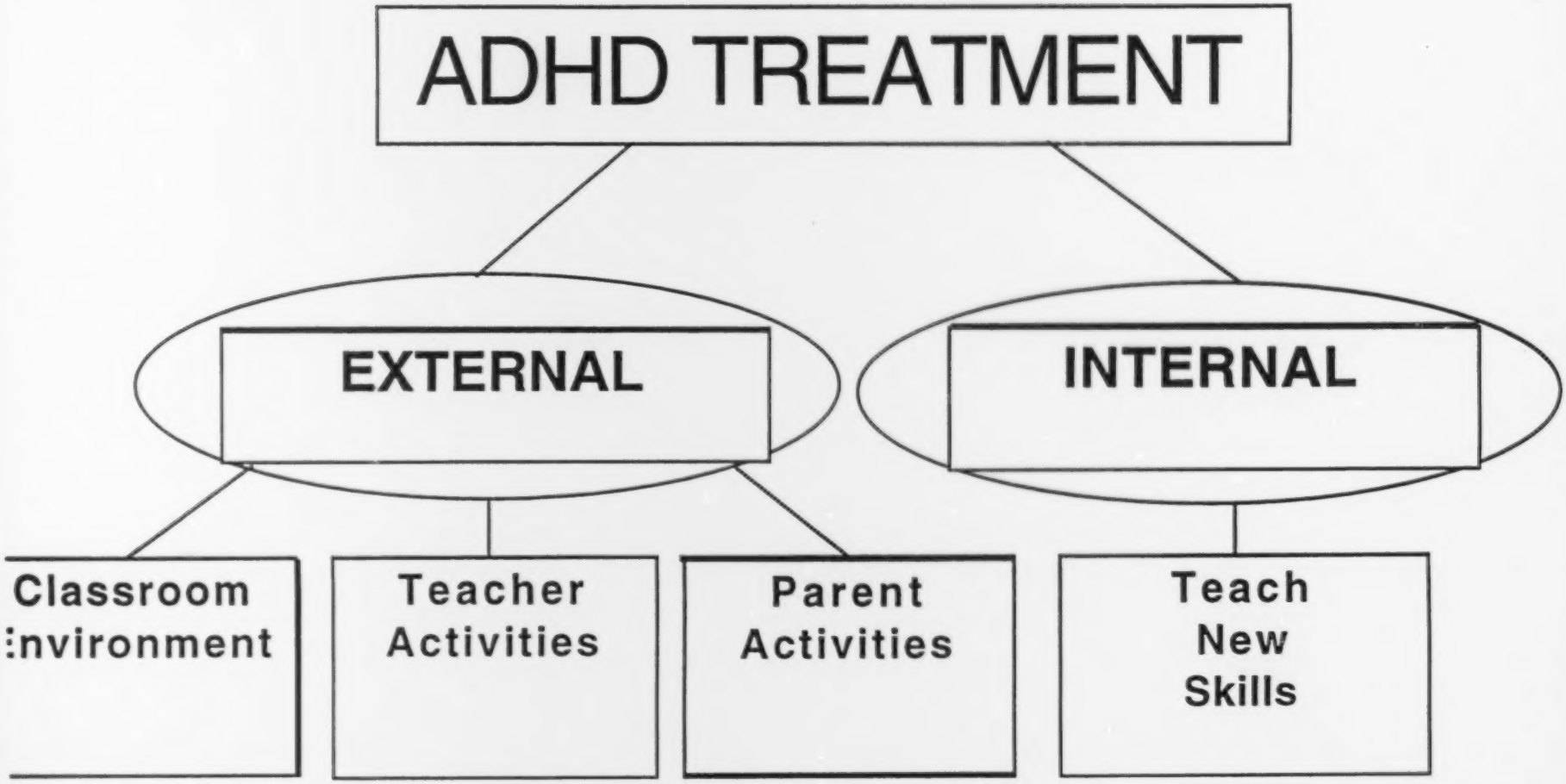






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# ADHD TREATMENT

## EXTERNAL

## PARENT ACTIVITIES

*Possible use of medication
*Create and Implement home discipline rules
*Be consistent but fair
*Raise expectation for performance at home
*Ignore minor infractions, but intervene quickly when problems arise
*Set up quiet work times and monitor homework study time
*If medication is prescribed, administer according to guidelines
*Support the school in establishing a good discipline plan
*Use clear and exact commands
*Always follow through
*Provide quality supervision
*Support your child, but use firm discipline



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# ADHD TREATMENT

## EXTERNAL

### Classroom Environment

*Structure the total classroom
*Adapt the curriculum
*Modify the expectations for performance
*Increse supervision
*Modify the task
*Set up rules to guide behavior
*Provide frequent feedback
*Peer support
*Modify class schedule
*Increase the magnitude of reinforcers
*Increase the magnitude of the punishers
*Seat student close to the teachers
*Allow more time to complete assignments

### Teacher Activities

*Get student's attention before you start the lesson
*Use a buddy system on appropriate academic tasks
*Make frequent checks on academic progress
*Use daily or weekly assignment sheets
*Accept reasonable time limits
*Alternate methods for student response
*Teach student hand signals
*Utilize a variety of teaching strategies
*Use cues to remind student's to get to work
*Use contracts
*Use correction procedures



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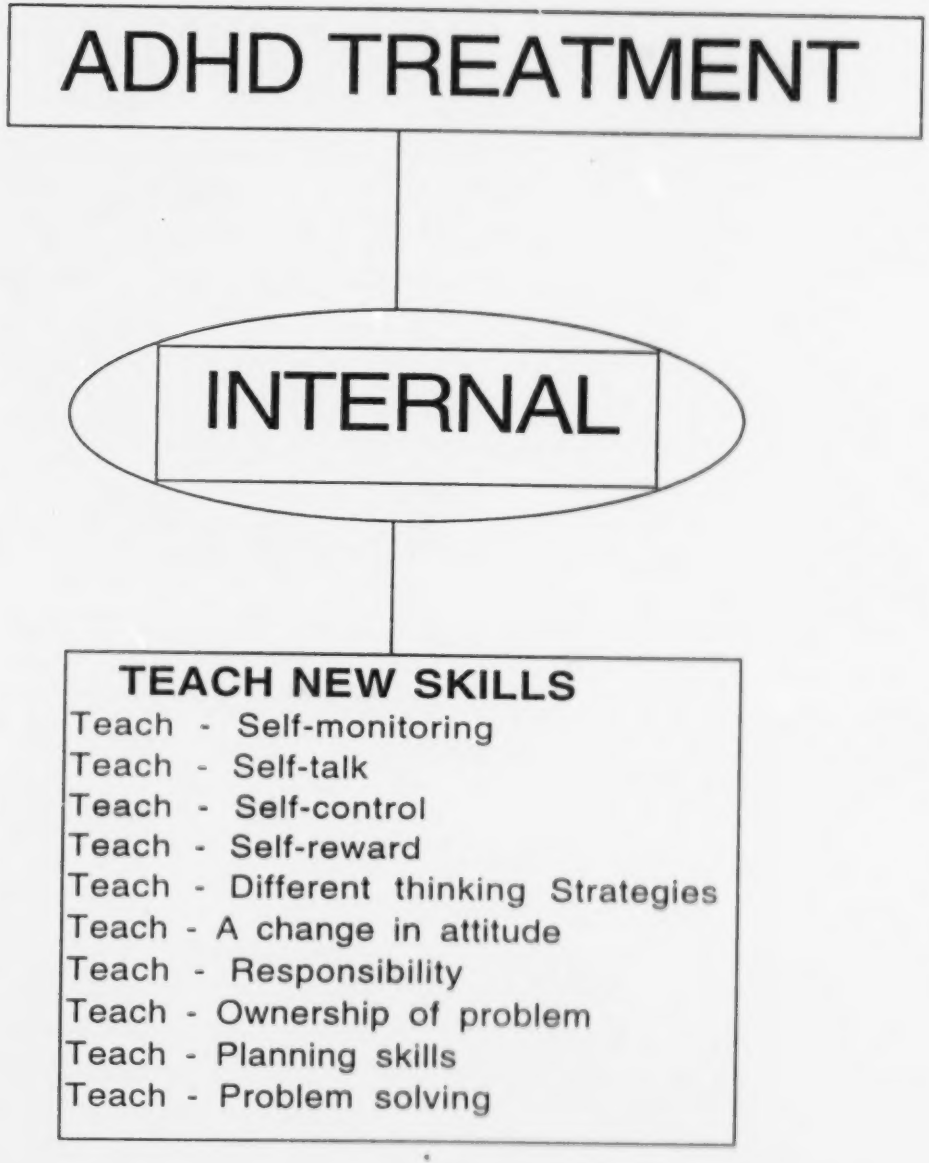






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